## **CLAIMS ONLY**

SERIAL NO.
09813227
APPLICANT(S)

FILING DATE

CLAIMS

|                 | ASF               | ILED   | 1st AME  | TER<br>NDMENT                                     | 2nd AME  | ER<br>NDMENT                                     |
|-----------------|-------------------|--|--|---|--|--|
|                 | IND.              | DEP.   | IND.   | DEP.  | IND.   | DEP.   |
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| 24              |                   |  |  | <u> </u>  |  | † -  |
| 25              |                   | ·  | <del>                                     </del> | <del>†                                     </del> | <del>                                     </del> | <b>†</b>   |
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| 39              |                   |  | <b>T</b>   | †   | <b></b>  | <b>†</b>   |
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| 41              |                   |  | <del>                                     </del> |   | †  | <del>                                     </del> |
| 42              |                   |  | <del>                                     </del> | <u> </u>  | <del>                                     </del> | <del> </del>                                     |
| 43              |                   | <del>                                     </del> | <del> </del>                                     | <del> </del>                                      | <del> </del>                                     | <del> </del>                                     |
| 44              |                   | <del> </del>                                     | <del>                                     </del> | <del>                                     </del>  |  |  |
|                 |                   | <del>                                     </del> | -  | +   | <del> </del>                                     | <del>                                     </del> |
| 45              |                   | <del></del>                                      | <b>├</b>   | <del> </del>                                      | <u> </u>   | <b> </b>   |
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| TOTAL           | 3                 |  |  | _   | <b>-</b> -                                       | <del>  _</del>                                   |
| IND.            |                   |  |  |   |  |  |
| TOTAL<br>DEP.   | 8                 | _  |  | _   |  | <b>—</b>   |
| TOTAL<br>CLAIMS | //                |  |  |   |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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